

Surrey Mental Health Limited

North Downs Villa

Inspection report

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Date of inspection visit:
20 December 2018

Date of publication:
04 February 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 20 December 2018 and was unannounced.

North Downs Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. North Downs Villa does not provide nursing care.

North Down Villa accommodates up to eight people in one adapted building, and a further two people in a separate bungalow on the same grounds. At the time of our inspection eight people were using the service and the bungalow was no longer in use. North Downs Villa provides a service for people with learning disabilities and/or a mental health diagnosis.

We carried out an unannounced comprehensive inspection of this service on 6 July 2018. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to staffing and good governance.

We undertook this focused inspection to check that the provider had followed their plan in relation to the key questions 'Is the service Effective and Well led?' and to confirm that they now met legal requirements in relation to the warning notice we served. This report only covers our findings in relation to those requirements and we will inspect in relation to the other issues we identified previously at our next comprehensive inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for North Downs Villa on our website at www.cqc.org.uk.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had met the requirements of the warning notice. The provider had improved the arrangements for staff training and supervision to ensure that people received appropriate care and support. Further improvements were planned which we will check at our next inspection.

The provider had systems for monitoring the quality and safety of the service although these needed to be embedded and sustained in practice, to ensure the provider had effective oversight.

Whilst the provider had taken sufficient action to meet the legal requirements that were being breached at the last inspection, we have not improved our rating for the service. We need to see consistent improvements over time before we are able to change the rating of this service from 'requires improvement'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

We found that action had been taken to improve staff training and supervision.

People were supported by staff who had the skills and knowledge to meet their needs and fulfil their role. Staff had completed or were in the process of updating their training. Staff received regular management support from the registered manager.

We could not improve the rating for this question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found some action had been taken to improve the governance in the service.

Quality assurance arrangements were in place. However, these needed to be sustained in practice, to ensure the provider had effective oversight of the service.

We could not improve the rating for this question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

North Downs Villa

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of North Downs Villa on 20 December 2018. This inspection was done to check that improvements had been made to meet legal requirements planned by the provider, after our comprehensive inspection on 6 July 2018. We inspected the service against two of the five questions we ask about services: "Is the service effective and is the service well led?" This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the service and the action plan given to us by the provider following our previous inspection.

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

The registered manager was not available at the time of our inspection. We spoke with two people using the service, the registered provider and two members of staff. We reviewed records relating to training and supervision for all members of staff employed. We also looked at records for the management of the service which included staff allocation, quality assurance audits and checks.

Is the service effective?

Our findings

At our comprehensive inspection in February 2018 we had concerns that staff did not receive adequate supervision and training to fulfil their roles effectively and meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our next inspection in July 2018 we found the provider continued to be in breach of this regulation for a second time and served a warning notice. This was because staff had not completed the required mandatory training, and they were not receiving regular support or supervision from the registered manager.

At this inspection we found the provider had taken sufficient action to improve in relation to the warning notice we served. However, we need to see consistent improvements over time before we are able to change the rating of this question from 'requires improvement'.

People we spoke with felt that the staff team had the right skills to support them. Staff we spoke with had a good understanding of the care and support needed by the people living at North Downs Villa. Since our last inspection, records showed all staff had completed or were due to update their mandatory training as identified by the provider. Training had included courses on infection control, fire safety, food hygiene, safe handling of medicines, first aid awareness, Mental Capacity Act and safeguarding. This meant staff were now receiving ongoing training, so they could keep their knowledge and skills up to date in line with best practice. Some staff had undertaken additional training since our last inspection. Recent courses had included equality, diversity and inclusion and practical training on moving people safely.

Staff files contained certificates to show what training had been completed and when. The provider accessed training resources through an external company and staff completed distance learning courses. This involved staff completing modules in a workbook to assess their knowledge. At the time of our inspection training certificates were not available for one member of staff. The provider explained that the workbooks had recently been submitted to the trainer for marking. Following our inspection, we received confirmation that the staff member had completed refresher courses on food hygiene and infection control.

Staff training reflected the individual needs of people who used the service and some staff had undertaken training to enable them to support these needs. Examples included mental health awareness, diabetes, dementia awareness and schizophrenia. Records showed that some staff had attended training organised by the local authority in the past. The provider confirmed they had not accessed any recent training but would discuss this with the local authority. They acknowledged that this would be a further learning resource to broaden staff's knowledge and practice.

Three new members of staff had been employed since the last inspection. We saw they had a planned induction process which involved working alongside a senior staff member and completing learning steps in a handbook. These covered areas such as the provider's values and principles of care, policies and procedures, health and safety in the home and the needs of people using the service. We noted the Care Certificate standards were not included in the provider's induction. These are a nationally recognised set of standards that give staff an introduction to their roles and responsibilities within a care setting. The

registered provider told us they would implement the Care Certificate as part of the induction process for new staff. The provider also had a programme of planned training for the new members of staff which was in process when we inspected.

Since our last inspection, staff had received formal support from the registered manager to discuss and review their development needs and performance. Staff told us they met with the manager every two to three months. There were records to support this with dates set for further supervision sessions as well as a planned annual review for staff who had worked in the service for more than twelve months.

Is the service well-led?

Our findings

At our comprehensive inspection in July 2018 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective systems in place to monitor the quality and safety of the service and ensure that staff were trained to meet people's needs and supported in their role.

At this inspection we found action had been taken to improve the quality assurance systems and oversight of staff training. However, we need to see consistent improvements over time before we are able to change the rating of this question from 'requires improvement'.

The provider told us an overall staff training record had been implemented since our last inspection and enabled the registered manager to monitor that staff were up to date with their knowledge and skills. However, this was not fully up to date as staff had recently received their training certificates or were waiting for them from the external verifier. Following our inspection, the registered provider sent us the electronic training record for the staff team. We noted however the record was incomplete and there were gaps. The provider explained that the record only reflected where staff had refreshed training again in 2018 and that there was an ongoing programme of planned training for remaining staff in the year 2019-2020. Training certificates evidenced that staff had updated various training courses since our last inspection and plans were in place for them to complete remaining mandatory courses within a realistic timescale. This meant the provider had taken action to ensure that staff were keeping their training up to date. We will check for progress with this at our next comprehensive inspection.

At our last inspection the registered manager had introduced further audits and checks to monitor the quality and safety of the service. Records confirmed they had continued to complete these in line with the expected timescales. For example, there were monthly checks on cleanliness and the environment as well as weekly checks on people's finances, care records, menus and medicines. Other weekly audits included monitoring aspects of health and safety such as checks on hot water temperatures, fridge and freezer temperatures and fire records.

The registered provider took an active role in supporting people and worked as part of the staff team. As a result, he told us had not had time to complete written reports of his checks on service quality. Staff allocation records showed the provider and some staff were working long hours which may have an impact on their performance and ability to support people effectively. The provider acknowledged this and advised that these were temporary measures to cover the Christmas period and that a member of staff had recently left. Following our inspection, the provider reviewed the staffing arrangements to ensure that staff members were deployed appropriately and had sufficient breaks between shifts. We were provided with records to support this.

We discussed ways in which the provider could strengthen the quality assurance arrangements such as monitoring service quality against the CQC's fundamental standards and key lines of enquiry. The provider agreed to discuss this with the registered manager.

The registered provider told us he kept up to date with best practice through attending learning events at forums run by the local authority. He also accessed the CQC website for latest guidance and updates.

People could be confident that important events which affect their health, safety and welfare would be reported appropriately. The registered provider is legally obliged to send us notifications about certain incidents, such as alleged abuse or serious injuries and changes that happen to the service. This enables CQC to check that the provider has taken the correct action as well as monitor any trends or concerns. Records showed we had been promptly notified of reportable events since our last inspection.

Records showed the service worked in partnership with other agencies. People received the relevant support from other professionals as required, such as the community mental health team. Arrangements were in place to liaise with other stakeholders including local authorities and commissioners of the service. Following a fire safety inspection by the London Fire Brigade in July 2018, the registered manager was taking the necessary steps to address the required actions. This included updating the fire risk assessment and completing personal evacuation plans for people using the service.